Town of Newstead

5 Clarence Ctr Rd. Akron, NY 14001 Tel: (716) 542-4574

EXCAVATIONS, TOPSOIL REMOVAL, FILL, or POND APPLICATION

SBL#

for office use only

PERMIT NUMBER

Fax: (716) 542-3702 E-mail:



dmiller@townofnewstead.com Web Site: www.erie.gov/newstead √o∈o				Grading/Drainage Plans (2 sets) SWPPP (if necessary)	
PARCEL LOCATION: _				SPDES (if necessary)	
NAME OF OWNER:			Insur	Survey ance for Contractor/owner	
MAILING ADDRESS:			_	General Liability Worker's Comp Disability	
PHONE NUMBER:			_	OR	
*Please check all boxes that apply to	o your project			Homeowner Affidavit	
□ Excavate *Depth of excavationft.				Cost of Project	
□ Topsoil removal□ Fill # of yards of fill:□ Pond (Requires site dr	· · · · · · · · · · · · · · · · · · ·	nsed surve	eyor or engineer)	\$	
Lengthft. W	idthft. Dep	th	ft.		
Distance from road right-o	f-way ft. (must l	oe 100' n	ninimum)		
Additional Government Agency				Agency	
Contractor		Address		Phone	
OR OFFICE USE ONLY:	Permit Fee Town Engineer Review	\$ <u>50</u> \$ <u>225</u> \$ <u>275</u>		\$	
Town Engineer Highway Superintendent	Date: Date:		Cash Check # Credit (Check payable to "Town of Newstead")		
	Bond/Cash Deposit posted □	yes □ no			
		Issued on:	Dated ssued on: ust commence within 6 months)		
ignature: David Miller		 ,	t Expires in 12 months:		
Permit Renewal : (Subject to NYS Co	de Changes & Building Inspector A	pproval)	TOWN CLERK STA	AMP CASH OR CREDIT	
ignature: David Miller ermit Renewal Expires in 6 months:					
V/Building Dont/Applications/Everyations Ton				7/11/10	